



State of Maine

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT SERVICES FOR CONTRACTORS/VENDORS

TO: BUREAU OF ACCOUNTS & CONTROL
ATTN DONNA CROCKETT
14 STATE HOUSE STATION
AUGUSTA ME 04333-0014

Phone # 207-626-8445 Fax # 207-626-8447

You are hereby authorized to electronically transfer payments to the following:

(Please submit a voided check or deposit slip from your account for verification)

BANK INFORMATION

| | | | |
|--------------------------------------|-----------------|---------------------------|-----------------|
| <u>Name of Financial Institution</u> | | <u>Account Number</u> | |
| Type of Account: | <u>Checking</u> | <u>Savings</u> | |
| <u>Name on Account</u> | | <u>Transit/ABA Number</u> | |
| <u>Financial Institution Address</u> | <u>City</u> | <u>State</u> | <u>Zip Code</u> |

for deposit to my/our account and I/we authorize the Agency to initiate credit entries and debit entries (to make corrections) to my/our account at the above named financial institution. Each deposit so made (after any necessary corrections) will be full payment of the amount then due and payable to me/us. I/we agree to notify the Agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by so notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I/we may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

CONTRACTOR / VENDOR INFORMATION

| | | | |
|---|--|---|-----------------|
| <u>Signature of Depositor (Benefit Recipient) or Authorized Agent</u> | <u>Date</u> | <u>Social Security # of Benefit Recipient or Firm's Tax Identification Number</u> | |
| <u>Address</u> | <u>City</u> | <u>State</u> | <u>Zip Code</u> |
| <u>Title of Authorized Agent</u> | <u>Contact Person: Name:</u> <u>Phone#:</u> | | |

(Please print in ink or type all requested information and notify us **in writing** when there is a change in your company name, address, authorized agent, bank account number, etc.)